HIPAA-Notice of Privacy Practices

COMPASS HOUSING ALLIANCE

NOTICE OF PRIVACY PRACTICES

March 1, 2023

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review this Notice carefully.

YOUR RIGHTS:

You have certain rights when it comes to how Compass Housing Alliance (Compass) will use and disclose your Protected Health Information (PHI). The section outlines your rights and some of Compass’ responsibilities.

1. You may request to see or receive an electronic or paper copy of your record or file and other health information Compass has of yours
2. You can request that corrections be made to health information about you that you believe is incorrect or incomplete.
3. You may request that contact with you be made in a specific way (i.e., home or office) or mail to a specific address.
4. You may request that Compass not use or share certain health information. Requests must be submitted in writing.
5. You may request an accounting of the times Compass has shared your health information for up to six years prior to the date of your request (who and why).
6. You may request a paper copy of this Notice at any time, and one will be provided to you promptly.
7. You may request that someone who has medical power of attorney or legal guardianship for you to exercise your rights and make decisions about your information for you.
8. You may file a complaint if you believe Compass has violated your legal rights.

CERTAIN HEALTH INFORMATION-YOUR CHOICES AND PREFERENCES:

For certain health information, if you have a clear preference for how or with whom Compass shares the information, you may provide your preference(s) to Compass, and we will follow your instructions. These include, but are not limited to, the following-

• Share information with family, close friends, or others involved in your care.
• Share information in a disaster relief situation.
• Include your information in an agency directory.
• Contact you for Compass fundraising efforts.

If you are unable to provide your preference, for example if you are unconscious or unable to communicate, Compass may share your information if we believe that it is in your best interest. Compass may also share your information when needed to lessen a serious and imminent threat to health and safety.
In certain situations, Compass will never share your information unless you have given permission in writing. These include the following:

- Marketing
- Sale of your information
- Fundraising

**COMPASS USES AND DISCLOSURES:**

1. **Treatment**-Compass may use your health information and share it with other professionals who are treating you.
2. **Agency Operations**-Compass may use and share our health information to run our agency, improve our services, and contact you when necessary.
3. **Billing**-Compass can use and share your health information to bill and get payment from health plans or other entities.
4. **Public Health and Safety Issues**-Compass may share health information about you for certain situations including the below.
   - Preventing disease
   - Helping with product recalls
   - Reporting adverse reactions to medications
   - Reporting suspected abuse, neglect, or domestic violence
   - Preventing or reducing a serious threat to anyone's health or safety.
   - Health research
   - Complying with the law
   - Responding to organ and tissue donation requests from organ procurement organizations
   - Working with a medical examiner or funeral director
   - Addressing workers’ compensation, law enforcement, and other government requests
   - Responding to lawsuits and legal actions.

The Uses and Disclosures practices do not necessarily apply to certain types of information which have greater protection under Washington State and/or federal laws. These include the following:

- Confidential HIV-related information
- Alcohol and substance abuse treatment information
- Mental health treatment information

**COMPASS RESPONSIBILITIES:**

1. Compass is required by law to maintain the privacy and security of your Protected Health Information.
2. Compass will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
3. Compass must follow the duties and privacy practices described in this Notice and give you a copy of it.
4. Compass will not use or share your information other than as described in this Notice unless you have provided authorization in writing. If you have provided authorization, you may change your mind at any time. Changes to an authorization must be submitted in writing.
Changes to the Terms of this Notice

Compass can change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request, at all Compass locations, and on the Compass website.

To lodge a complaint, please contact:

Michael Davalos, HIPAA Compliance Officer
Compass Housing Alliance
220 Dexter Avenue North
Seattle, WA 98109-5104
206.474.1023
mdavalos@compasshousingalliance.org

Or

U.S. Department of Health & Human Services
https://www.hhs.gov/hipaa/filing-a-complaint/index.html

Authorities & References:
HIPAA Final Privacy Rule, 45 CFR Parts 160 and 164,
HIPAA Omnibus Rule, revisions to 45 CFR Parts 160, and 164

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